The Glebe Family Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Glebe Family Practice on 19 November 2014. During the inspection we gathered information from a variety of sources. For example, we spoke with patients, interviewed staff of all levels and checked that the practice had the correct systems and processes.

Overall the practice is rated as requires improvement. This is because we found the practice to require improvement for providing safe and well-led services which has led to this rating being applied to all patient population groups. It was good for providing an effective, caring and responsive service.

Our key findings were as follows:

- The Glebe Family Practice had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. The practice had policies to safeguard vulnerable adults and children who used services. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. There was enough equipment, including equipment for use in an emergency, to enable staff to care for patients and the practice had plans to deal with foreseeable emergencies.
- Staff at The Glebe Family Practice followed best practice guidance and had systems to monitor, maintain and improve patient care. There was a process to recruit, support and manage staff. Equipment and facilities were monitored and kept up to date to support staff to deliver effective services to patients. The practice worked with other services to deliver effective care and had a proactive approach to health promotion and prevention.
- Patients were satisfied with the care provided by The Glebe Family Practice and were treated with respect. Staff maintained patients' dignity at all times. Patients were supported to make informed choices about the

Summary of findings

care they wished to receive and they felt listened to. The practice provided opportunities for patients to manage their own health, care and wellbeing and maximised their independence.
- The practice was responsive to patients' individual needs such as language requirements, mobility issues as well as cultural and religious customs and beliefs.
- There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff at The Glebe Family Practice. The practice used a variety of policies and other documents to govern activity but there was not an effective system to help ensure these were kept up to date. There was a GP lead for clinical governance and information governance. The practice had recruitment policies, however, these were not fully complied with.
- Although the practice valued learning there was no clear system for monitoring training.

The areas where the provider must make improvements are:

- Ensure patients' records are held securely at all times.
- Ensure the practice carries out appropriate checks prior to employment of staff including a Disclosure and Barring (DBS) criminal records check or an assessment of the potential risks involved in using staff without DBS clearance as well as review the monitoring and recording of staff registration with their relevant professional body.
- Ensure the practice complies with national guidance on infection prevention and control.
- Review its systems for monitoring safety and responding to risk as well as checking emergency equipment
- Ensure policies, and other documents that govern activity at The Glebe Family Practice are kept up to date
- Review their clinical audit cycle activity
- Ensure all staff have an up to date job description that clearly defines their roles and responsibilities whilst working at the practice as well as review its staff appraisal system to ensure all staff are up to date with training.
- Ensure that the practice canvasses and takes into account the views of patients and those close to them when planning and delivering services and has a patient participation group to gather patients' views.

In addition the provider should:

- Ensure all relevant staff have up to date knowledge of the Mental Capacity Act 2005.
- Review its system to record practice meetings that involve staff from other service providers.
- Review information about the practice to ensure it is up to date and available in relevant formats to all patients
- Ensure that blank prescription forms are kept safe at all times.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for safe. The Glebe Family Practice had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. The practice had policies to safeguard vulnerable adults and children who used services. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. There was enough equipment, including equipment for use in an emergency, to enable staff to care for patients and the practice had plans to deal with foreseeable emergencies. However, patients' records were not always held in a secure way so that only authorised staff could access them. Contact details of relevant child safeguarding bodies as well as organisations to whom any matters of serious concern could be reported to were not available to staff. The monitoring system to help ensure staff maintained their professional registration was not up to date. Not all staff had a Disclosure and Barring (DBS) criminal records check or an assessment of the potential risks involved in using those staff without DBS clearance. Some staff had not had training such as infection control and basic life support. The practice did not have a system to monitor and keep blank prescription forms safe. Staff did not always comply with the practice's infection control policy and the practice was unable to demonstrate that infection control risk assessments and audits were carried out. Personnel records did not contain evidence that appropriate checks had been undertaken prior to staff employment. A fire risk assessment had not been undertaken and the practice did not always follow standard fire safety procedures.

Are services effective?

Good

The practice is rated as good for effective. Staff at the The Glebe Family Practice followed best practice guidance and had systems to monitor, maintain and improve patient care. There was a process to recruit, support and manage staff. Equipment and facilities were monitored and kept up to date to support staff to deliver effective services to patients. The practice worked with other services to deliver effective care and had a proactive approach to health promotion and prevention.

Are services caring?

Good

The practice is rated as good for caring. Patients were satisfied with the care provided by The Glebe Family Practice and were treated with respect. Staff maintained patients' dignity at all times. Patients

Summary of findings

were supported to make informed choices about the care they wished to receive and they felt listened to. The practice provided opportunities for patients to manage their own health, care and wellbeing and maximised their independence.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice was responsive to patients' individual needs such as language requirements, mobility issues as well as cultural and religious customs and beliefs. The practice did not have its own website and the information about the practice available on the NHS Choices website was out of date. Written information about the practice was not available for patients to take away with them.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for well-led. There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff at The Glebe Family Practice. The practice used a variety of policies and other documents to govern activity but there was not an effective system to ensure these were kept up to date. There was a GP lead for clinical governance and information governance but the practice did not hold clinical governance meetings. Although the practice had a limited clinical audit system it was unable to demonstrate completion of clinical audit cycles. The practice had recruitment policies and procedures but records showed not all staff had undergone relevant checks prior to employment and not all staff had job descriptions that clearly defined their roles whilst at work. The practice was unable to demonstrate that it took into account the views of patients and those close to them when planning and delivering services. The practice did not have a patient participation group (PPG) and did not carry out patient surveys. The practice valued learning but its staff appraisal system failed to ensure all staff were up to date with relevant training. The practice did not have effective systems to identify and reduce risk.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. Patients over the age of 75 had been allocated a designated GP to oversee their individual care and treatment requirements. Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff. Specific health promotion literature was available as well as details of other services for older people including external support groups.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. Service provision for patients with long term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend. The practice supported patients to manage their own long term conditions. Specific health promotion literature was available. Staff with specific training in the care of patients with diabetes and coronary obstructive pulmonary disease (COPD) (a breathing problem) were employed by the Glebe Family Practice.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. Services for mothers, babies, children and young people at The Glebe Family Practice included dedicated midwives and health visitor care. Specific health promotion literature was available and the practice employed staff with specific training in childhood immunisations, teenage pregnancy and young people's sexual health.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working aged people (including those recently retired and students). Specific health promotion literature was available. The practice provided a variety of ways working aged people (including those recently retired and students) could access primary medical services. These included on-line appointment booking and telephone consultations.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people living in vulnerable circumstances. The practice offered primary medical service provision for people in vulnerable circumstances in

Summary of findings

a variety of ways. Patients not registered at the practice could access services and interpreter services were available for patients whose first language was not English. Specific screening services were also available, for example, an alcohol screening service.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice has been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had access to psychiatrist and community psychiatric nurse services as well as local counselling services. The practice maintained records of patients on the Mental Health Register as well as patients on the learning disability register to identify them to staff and to help ensure they were offered relevant care and support.

Summary of findings

What people who use the service say

During our inspection we spoke with three patients, all of whom told us they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they did not experience difficulties when making appointments. Patients we spoke with reported they were aware of how they could access out of hours care when they required it as well as the practice's telephone consultation service.

We looked at 40 patient comment cards which contained 39 positive comments about the service patients experienced at The Glebe Family Practice. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe.

We looked at the NHS Choices website where patient survey results and reviews of The Glebe Family Practice were available. Results ranged from 'among the best' for the percentage of patients who would recommend this practice, through 'better than average' for scores for consultations with doctors and nurses. Results were 'as expected' for scores for opening hours and the practice was rated 'among the best' for patients rating their ability to get through on the telephone as very easy or easy. The practice was also rated 'in the middle range' for patients rating this practice as good or very good.

Areas for improvement

Action the service MUST take to improve

- Ensure patients' records are held securely at all times.
- Ensure the practice carries out appropriate checks prior to employment of staff including a Disclosure and Barring (DBS) criminal records check or an assessment of the potential risks involved in using staff without DBS clearance as well as review the monitoring and recording of staff registration with their relevant professional body.
- Ensure the practice complies with national guidance on infection prevention and control.
- Review its systems for monitoring safety and responding to risk as well as checking emergency equipment
- Ensure policies, and other documents that govern activity at The Glebe Family Practice are kept up to date
- Review their clinical audit cycle activity
- Ensure all staff have an up to date job description that clearly defines their roles and responsibilities whilst working at the practice as well as review its staff appraisal system to ensure all staff are up to date with training.
- Ensure that the practice canvasses and takes into account the views of patients and those close to them when planning and delivering services and has a patient participation group to gather patients' views.

Action the service SHOULD take to improve

- Ensure all relevant staff have up to date knowledge of the Mental Capacity Act 2005.
- Review its system to record practice meetings that involve staff from other service providers.
- Review information about the practice to ensure it is up to date and available in relevant formats to all patients
- Ensure that blank prescription forms are kept safe at all times.

The Glebe Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to The Glebe Family Practice

The Glebe Family Practice is situated in Gillingham, Kent and has a registered patient population of 5,661 (2,657 male and 3,004 female). There are 1,366 registered patients under the age of 19 years (700 male and 666 female), 3,874 registered patients between the age of 20 and 74 years (1,805 male and 2,069 female) and 343 registered patients over the age of 75 years (118 male and 225 female).

Primary medical services are provided Monday to Friday between the hours of 8am and 12noon and 2pm to 6pm. Primary medical services are available to patients registered at The Glebe Family Practice via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with another provider to deliver services to patients outside of The Glebe Family Practice's working hours.

The practice staff are comprised of four GP partners and one salaried GP (all female), one practice manager (female), one practice nurse (female), three administrators and eight receptionists. There is a reception and a waiting area on the ground floor. All patient areas are wheelchair accessible.

Services are provided from The Glebe Family Practice, Vicarage Road, Gillingham, Kent, ME7 5UA.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected before and that was why we included them.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

Detailed findings

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England, the local clinical commissioning group and local Healthwatch, to share what they knew. We carried out an announced visit on 19 November 2014. During our visit we spoke with a range of staff (three GPs, the practice manager, one practice nurse, one receptionists and one administrator) and spoke with three patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received.

National patient safety alerts were disseminated electronically to practice staff.

Patients' records were in electronic and paper form. Records that contained confidential information were not always held in a secure way so that only authorised staff could access them. For example, repeat prescriptions awaiting collection and patients' medical records for appointments the following day were not locked away. Therefore, unauthorised staff, patients and visitors potentially had access to them.

Learning and improvement from safety incidents

There was a culture of openness to reporting and learning from patient safety incidents.

The practice had a system for reporting, recording and monitoring incidents, accidents and significant events. All staff we spoke with were aware of how to report incidents, accidents and significant events.

The practice had a system to investigate and reflect on incidents, accidents and significant events that occurred. All reported incidents, accidents and significant events were managed by dedicated staff. Feedback from investigations was discussed at staff meetings.

Reliable safety systems and processes including safeguarding

The practice had systems to safeguard vulnerable adults and children who used services. There were policies for safeguarding vulnerable adults and children as well as other documents readily available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, a child protection protocol document. We saw that contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse of vulnerable adults. However, the policies and other documents did not contain contact details of relevant safeguarding bodies for staff to refer to if they needed to report any allegations of abuse of children. The practice had dedicated staff appointed as leads in safeguarding vulnerable adults and children. All staff we spoke with were aware of the dedicated appointed leads in safeguarding as well as the practice's safeguarding policies and other documents. Records demonstrated not all staff were up to date with training in safeguarding, although when we spoke with staff they were able to describe different types of abuse that patients may have experienced as well as how to recognise them and how to report them.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The policy detailed the procedure staff should follow if they identified any matters of serious concern. Although the policy contained the names of external bodies that staff could approach with concerns, for example, the Health and Safety Executive, the policy did not contain contact details for these organisations. All staff we spoke with were aware of this policy and able to describe the actions they would take if they identified any matters of serious concern.

The practice had a chaperone policy and information about it was displayed in public areas informing patients that a chaperone would be provided if required. One patient we spoke with told us they had used this service.

Medicines management

The Glebe Family Practice had documents that guided staff on the management of medicines. Staff told us that they accessed up to date medicines information and clinical reference sources when required via the internet and through published reference sources such as the British National Formulary (BNF). The BNF is a nationally recognised medicines reference book produced by the British Medical Association and Royal Pharmaceutical Company. The practice had a copy of the BNF dated March to September 2014 accessible for staff to refer to when prescribing or dispensing medicines. The practice also received input from a prescribing advisor.

Patients were able to obtain repeat prescriptions either in person or by completing paper repeat prescription requests.

The practice did not have a system to monitor and keep blank prescription forms safe.

Requires improvement

Are services safe?

The practice held vaccines and medicines on site which were stored securely in areas accessible only by practice staff.

Appropriate temperature checks for refrigerators used to store medicines had been carried out and records of those checks were made.

Records confirmed medicines held by the practice for use in emergency situations were checked regularly and the practice had a system to monitor and record all medicine stock levels.

Cleanliness and infection control

The premises were clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at The Glebe Family Practice.

The practice had infection control policies that contained procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection.

The practice had an identified infection control lead. We spoke with three members of staff who all told us they were not up to date with infection control training and records confirmed this.

The treatment and consulting rooms were clean, tidy and uncluttered. Personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for staff to use. However, one member of staff told us they did not always use PPE when they had patient contact that required their use. They were therefore not complying with the practice's infection control policy to help reduce the risk of the spread of infection.

Antibacterial gel was available throughout the practice for staff and patients to use. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice. Some clinical wash-hand basins at the Glebe Family Practice did not comply with Department of Health guidance. For example, some clinical wash-hand basins contained overflows and were fitted with plugs. There was, therefore, a risk of cross contamination when staff used them. Staff told us that the practice did not have any plans to replace these clinical wash-hand basins during future refurbishment and no risk assessment had been carried out or actions plans made to reduce the risk of infection.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

Cleaning schedules were used and there was a supply of approved cleaning products. The practice directly employed a cleaner to clean the premises daily. However, records were not kept of domestic cleaning that was carried out in the practice. Staff told us that they cleaned equipment such as an examination couch between patients but did not formally record such activity.

The practice was unable to demonstrate that infection control risk assessments were carried out in order to identify infection control risks and implement plans to reduce them where possible. Staff told us that the practice did not carry out any infection control audits to assess or monitor infection control activity at The Glebe Family Practice. The practice was subject to a recent external infection control audit carried out by the local clinical commissioning group but staff said the resultant report had yet to be sent to them and they were not aware of the outcome.

The practice did not have a system for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). The practice was therefore not carrying out regular checks in line with national guidance in order to reduce the risk of infection to staff and patients from legionella.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and there were equipment maintenance logs and other records that confirmed this.

Staffing and recruitment

Requires improvement

Are services safe?

The practice had policies and other documents that governed staff recruitment. For example, the new partner checklist and compulsory checks to prevent illegal working. However, personnel records we looked at did not contain evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records.

The practice had a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council. However, we looked at the practice records of two clinical members of staff and saw that one did not contain a record of their professional registration and the other contained records of the member of staff's professional registration that was out of date.

Records demonstrated not all staff had a Disclosure and Barring Service (DBS) criminal records check or an assessment of the potential risks involved in using those staff without DBS clearance.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. They said there was a rota system for all the different staffing groups to ensure they had enough staff on duty at all times, although records were not available to confirm this.

Monitoring safety and responding to risk

The practice had a health and safety policy to help keep patients, staff and visitors safe. The practice had a dedicated health and safety representative.

A fire risk assessment had not been undertaken. The practice was unable to demonstrate how they maintained fire safety. There was combustible material such as cardboard boxes, boxes of printer paper and wheelchairs, stored under a stairwell at the practice. This was not in line with standard fire safety procedures.

There were business continuity plans to manage foreseeable events such as loss of the practice building. This document contained relevant contact details for staff to refer to in the event they needed to report business continuity issues.

Staff told us there were a variety of systems to keep them, and others, safe whilst at work. They told us they had the ability to activate a panic alarm in the area they worked in to summon help in an emergency or security situation.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the dedicated book in reception.

Clinical and administration areas of the practice were secured by key pad coded locks that only staff were able to access. Patient toilets and the lift were equipped with alarms so that help could be summoned if required.

Arrangements to deal with emergencies and major incidents

The Glebe Family Practice had procedural documents that guided staff in emergency situations such as dealing with a deteriorating patient. Protocols were also available for staff to follow when dealing with patients with emergency conditions who telephoned the practice for advice. For example, the emergency telephone calls handling protocol. Staff told us they were not all up to date with training in basic life support. We looked at five staff files and saw that only one was up to date with basic life support training. Patients could therefore not be sure staff with up to date training were on duty to care for them in the event they required basic life support. Emergency equipment was available in the practice, including emergency medicines, access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). Staff told us that this equipment was checked regularly and records confirmed this. There was an inventory of emergency medicines but no inventory of emergency equipment. Staff could not, therefore, be sure all emergency equipment was present as there was no inventory for them to refer to.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice operated a limited clinical audit system that improved the service and followed up to date best practice guidance. For example, a recall audit to identify and contact patients who failed to attend dedicated clinic appointments.

Staff had access to best practice guidance via the internet and access to specialists such as tissue viability nurses.

The practice worked with district nurses and palliative care services to deliver end of life care to patients.

Management, monitoring and improving outcomes for people

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. The QOF data for this practice showed it was performing in line with national standards.

The practice had a system for completing clinical audit cycles. For example, a medications audit and an audit on patients with atrial fibrillation (an abnormal heart rhythm). The practice also used relevant information from audits carried out externally to improve outcomes for patients. For example, a blood sugar testing machine audit. Staff told us that clinical audit results were discussed informally although minutes of such discussions were not recorded. Audits had not been repeated after changes were carried out to help ensure improvements were made and the audit cycle completed.

The practice held meetings to review the care of The Glebe Family Practice patients who attended the local accident and emergency department (A&E). Practice plans were produced to help reduce avoidable A&E attendances by The Glebe Family Practice patients.

Effective staffing

Personnel records we reviewed contained evidence that appropriate checks had not always been undertaken prior to employment. For example, proof of identification, references and interview records.

We saw examples of the induction training staff underwent on commencement of employment with the practice. Staff told us that they received yearly appraisals and GPs said they carried out revalidation at regular intervals and we saw records that confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development needs. However, there was no way of monitoring or ensuring that all staff attended all relevant training.

The practice had processes to identify and respond to poor or variable practice including policies such as the management of sickness and absence policy as well as a disciplinary procedure.

Equipment and facilities were kept up to date to ensure staff were able to deliver effective care to patients.

Working with colleagues and other services

The practice worked with midwives, health visitors and community nursing teams to deliver care to patients. However, the practice was unable to demonstrate that multiprofessional meetings took place in order to discuss and plan patient care that involved staff from other providers.

The practice had a system for transferring and acting on information about patients seen by other doctors out of hours and patients who had been discharged from hospital.

The practice had a system to refer patients to other services such as hospital services or specialists.

Staff told us there was a system to review and manage blood results on a daily basis. Results that required urgent attention were dealt with by the duty GP at the practice promptly, and out of hours doctors were involved when necessary.

Information Sharing

Relevant information was shared with other providers in a variety of ways to help ensure patients received timely and appropriate care. For example, staff told us the practice met regularly with other services, such as hospices, to discuss patients' needs.

The practice had a system to alert the out of hours service or duty doctor to patients dying at home.

Good

Are services effective?

(for example, treatment is effective)

All information about patients received from outside of the practice was captured electronically in the patients' records. For example, letters received were scanned and saved into the patients' records by the practice.

Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded. The policy contained examples of consent forms that patients could sign to give their consent to investigation or treatment, such as minor surgical procedures.

Staff told us they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's medical records. Whilst there was no evidence of formal staff training on the Mental Capacity Act 2005, staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

Health Promotion & Prevention

There was a range of posters and leaflets available in the reception / waiting area. These provided health promotion and other medical and health related information for patients such as prevention and management of shingles as well as details of organisations that offered support to stroke survivors.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us these clinics enabled the practice to monitor the ongoing condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the practice had a recall system to alert them when they were due to re-attend these clinics.

Patients told us they were able to discuss any lifestyle issues with staff at The Glebe Family Practice. For example, issues around eating a healthy diet or taking regular exercise. They said they were offered support with making changes to their lifestyle. For example, referral to the practice's smoking cessation service.

Staff told us new patients were offered health checks within two weeks of registering with the practice. Sexual health advice was available to all patients and the practice offered chlamydia testing (a test to check for a sexually transmitted disease). Staff told us they offered appropriate opportunistic advice, such as breast self-examination and testicular self-examination, to patients who attended the practice routinely for other issues.

The practice provided childhood immunisations, seasonal influenza inoculations and relevant vaccinations for patients planning to travel overseas.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

There was a policy that governed patient confidentiality at The Glebe Family Practice. There was also a confidentiality policy specifically relating to patients under the age of 18 years that guided staff and protected the rights of young people.

We spoke with three patients, all of whom told us they were satisfied with the care provided by the practice. All patients we spoke with considered their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained whilst they undressed / dressed and during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. Incoming telephone calls were answered by reception staff and, although these conversations could be overheard by patients waiting at reception, staff followed the practice confidentiality guidance to keep information about patients private. Private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues and we saw a sign that informed patients of this.

Care planning and involvement in decisions about care and treatment

Patients told us health issues were discussed with them and they felt involved in decision making about the care and treatment they chose to receive. Patients told us they felt listened to and supported by staff and had sufficient time during consultations in order to make an informed decision about the choice of treatment they wished to receive. Patient comment cards also indicated patients had sufficient time during consultations with staff and felt listened to.

Patient/carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help the cope emotionally with their care, treatment or condition.

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Specialised clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

An interpreter service was available for patients whose first language was not English.

All patients had been allocated a named GP to oversee their individual care and treatment requirements. Specific health promotion literature was available for all patient population groups.

Patients were able to receive care and treatment in their own home from practice staff as well as community based staff such as district nurses and palliative care staff. Staff told us the practice held regular staff meetings that included staff from a local hospice. However, there were no minutes or notes to demonstrate that these meetings had taken place.

Patients told us they were referred to other services when their condition required it. For example, one patient told us they were referred to the local hospital for treatment that the practice was not able to provide locally.

We asked staff if the practice ran any group meetings in order to address the health requirements of the diverse range of patients registered with them. Staff told us that the practice only offered services that it was contractually obliged to provide. There was information available in the waiting area on services offered by other providers such as stroke survivor support as well as contact details for blind children UK and The Silver Line (a telephone helpline for older people). Staff external to the practice provided midwifery services and counselling services at The Glebe Family Practice.

Staff told us patients' cultural beliefs and customs were taken into account wherever possible when delivering care. For example, patients who were fasting during Ramadan were able to have their medicine prescription altered, if possible, from three times daily to twice daily for the period of time that they were fasting.

Tackling inequity and promoting equality

All areas of the practice were accessible by wheelchair and there was a lift to facilitate access to the first floor of the premises.

Staff told us The Glebe Family Practice did not have any policies or guidance documents governing equality and diversity. Although, they said that services were delivered in a way that took into account the needs of different patients on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation. For example, staff said the practice ensured that whenever possible Muslim women were seen by female staff and if a medical examination was required this was carried out in a way that was acceptable to them.

The practice maintained registers of patients with learning disabilities, dementia and those on the mental health register that assisted staff to identify them to help ensure their access to relevant services.

Access to the service

Primary medical services were provided Monday to Friday between the hours of 8am and 12noon and 2pm and 6pm. Primary medical services were available to patients registered at The Glebe Family Practice via an appointments system. Staff told us that patients could book appointments by telephoning the practice, using the on-line booking system or by attending the reception desk in the practice. The practice provided a telephone consultation service for those patients who were not able to attend the practice. The practice carried out home visits if patients were housebound or too ill to visit The Glebe Family Practice. There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with another provider to deliver services to patients outside of The Glebe Family Practice's working hours.

The practice opening hours as well as details of how patients could access services outside of these times were displayed on the front of the building. The practice did not have a website although opening times and a copy of the practice information leaflet containing other details about services at The Glebe Family Practice were available to patients on the NHS Choices website. Staff told us practice information leaflets were not available at The Glebe Family Practice for patients to take away with them.

Patients we spoke with said they experienced few difficulties when making appointments.

Listening and learning from concerns and complaints

The Glebe Family Practice had a system for handling complaints and concerns. Their complaints policy was in

Good

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line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. The practice complaints procedure contained the names and contact details of relevant complaints bodies. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. There was a leaflet available for patients that gave details of the practice's complaints procedure. Patients we spoke with were not aware of the complaints procedure but said they had not had cause to raise complaints about the practice. Staff told us that there had been two complaints received by the practice in the last 12 months and records confirmed this.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and Strategy

Staff told us the Glebe Family Practice did not have a practice vision statement nor an operational strategy for provision and delivery of patient care.

Governance arrangements

Staff told us the practice had a dedicated GP clinical governance and information governance lead. Staff said there were no specific clinical governance meetings held at the practice and minutes of staff meetings demonstrated that clinical governance issues were not discussed. There were a variety of policy, procedure, protocol and planning documents that the practice used to govern activity. For example, the infection control policy, the complaints procedure, the consent protocol as well as the practice continuity and recovery plan. We looked at 36 such documents. None of these documents contained a planned review date and the practice was unable to demonstrate that they had a system to ensure they were kept up to date. Six documents had not been updated since 2009, five documents since 2011 and two documents since 2012.

Individual GPs had lead responsibilities such as safeguarding vulnerable adults and children.

The practice operated a limited clinical audit system that improved the service and followed up to date best practice guidance. For example, a recall audit to identify and contact patients who failed to attend dedicated clinic appointments. Staff told us that clinical audit results were discussed informally but no record of the discussions was made. There was no evidence that action plans had been produced following clinical audits conducted at The Glebe Family Practice and no records were available to demonstrate that changes were re-audited to monitor any improvements.

Leadership, openness and transparency

There was a leadership structure with an open culture that adopted a team approach to the welfare of patients and staff.

The practice demonstrated human resources practices such as comprehensive staff induction training. Staff told us they received yearly appraisals and GPs said they carried out revalidation with the General Medical Council (GMC) at required intervals. Records confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development. However, personnel records we reviewed contained evidence that appropriate checks had not always been undertaken. For example, Disclosure and Barring Service (DBS) checks (criminal records checks), or an assessment of the potential risks involved in using staff without DBS clearance, had not been carried out on all staff.

The practice had processes to identify and respond to poor or variable practice including policies such as the management of sickness and absence policy as well as a disciplinary procedure. However, not all staff had job descriptions that clearly defined their roles and responsibilities whilst working at The Glebe Family Practice. One member of staff told us they had a job description but that it was not up to date and did not accurately reflect their current role.

Most staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

The practice was subject to external reviews, such as infection prevention and control. GP reverification involved appraisal by GPs from other practices.

Practice seeks and acts on feedback from its patients, public and staff

The practice was unable to demonstrate that it took into account the views of patients and those close to them. Staff told us the practice did not carry out annual patient surveys and there was not a patient participation group (PPG) at The Glebe Family Practice. With the exception of feedback from patients on each individual GP's performance, The Glebe Family Practice was unable to demonstrate how it took into account comments and suggestions from patients on how the practice planned and delivered services. The practice was not following its own policy on patient involvement.

Staff told us reviews left on the NHS Choices website about The Glebe Family Practice were discussed informally. We saw that 14 reviews had been left on this website but the practice had not responded to any of them.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Staff meetings were held in order to engage staff and involve them in the running of the practice. Some staff we spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care. Others said that they did not feel valued by all staff at the practice and were not able to make comments or suggestions at staff meetings.

Management lead through learning and improvement

The practice valued learning. There was a culture of openness to reporting and learning from patient safety incidents. All staff were encouraged to update and develop their knowledge and skills. All staff we spoke with told us they had an annual performance review and personal development plan. However, the practice system of staff appraisal and personal development failed to ensure that all staff were up to date with relevant training such as basic life support and infection control.

The practice had a system to investigate and reflect on incidents, accidents and significant events that occurred. All reported incidents, accidents and significant events were managed by dedicated staff. Feedback from investigations was discussed at staff meetings.

The practice was unable to demonstrate that they had systems to identify and reduce risk. Staff told us that risk assessments were not carried out at The Glebe Family Practice.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **How the regulation was not being met:** **The registered person was not protecting service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of effective operating systems designed to enable them to; regularly assess and monitor the quality of services provided in the carrying on of the regulated activity; identify, asses and manage risks relating to health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.** **Regulation 10(1)(a)(b).**

Regulated activity	Regulation
Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **How the regulation was not being met:** **The registered person did not have effective systems in place to maintain appropriate standards to prevent and control the risk of infection, and to assess the risk of and to prevent, detect and control the spread of healthcare associated infection.** **Regulation 12 (1)(a)(b)(c), (2)(a)(c)(i)(iii)**

Regulated activity	Regulation
Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **How the regulation was not being met:**

This section is primarily information for the provider

Compliance actions

The registered person was not ensuring that records referred to in paragraph one of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Records) (which may be in paper or electronic form) were kept securely and able to be located promptly when required.

Regulation 20 (2) (a)

Regulated activity	Regulation
Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: The registered person was not: operating effective recruitment procedures in order to ensure that no person was employed for the purposes of carrying on a regulated activity unless that person is of good character, has the qualifications, skills and experience which are necessary for the work to be performed, and is physically and mentally fit for that work; ensuring that a person employed for the purposes of carrying on a regulated activity is registered with the relevant professional body where such regulation is required by, or under, any enactment in relation to the work that the person is to perform or the title that the person takes or uses. Regulation 21 (a)(i)(ii)(iii)(c)(i)(ii).